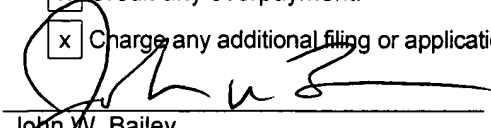


THW



| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 0445-0313P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-----------------------------------|---------------------------------|------|-------------------|--|--|--|--|--|--|---|---|-----------------------------------|------|--|--------------|----|--------|--|---|--|-----------------------|---|-------|--|---|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|---|--|--|--|--|------|
| Application No. 09/996,946-Conf. #003991 | | Filing Date November 30, 2001 | | Examiner E. M. Cole | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Art Unit 1771 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant(s): Taeko HAYASE et al. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Invention: CLEANING SHEET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>27</td><td>- 30 =</td><td></td><td>x</td><td></td></tr><tr><td>Independent Claims</td><td>2</td><td>- 3 =</td><td></td><td>x</td><td></td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify):</td><td></td></tr><tr><td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td><td>0.00</td></tr></tbody></table> | | | | | | CLAIMS AS AMENDED | | | | | | | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | Total Claims | 27 | - 30 = | | x | | Independent Claims | 2 | - 3 = | | x | | Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | | Other fee (please specify): | | | | | | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| CLAIMS AS AMENDED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 27 | - 30 = | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 2 | - 3 = | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (please specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  John W. Bailey Attorney Reg. No.: 32,881 | | | | Dated: <u>December 29, 2005</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J.M.K. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



PATENT
0445-0313P

IN THE U.S. PATENT AND TRADEMARK OFFICE

| | | | |
|-------------|---------------------|-----------|-----------|
| Applicants: | Taeko HAYASE et al. | Conf.: | 3991 |
| Appl. No.: | 09/996,946 | Group: | 1771 |
| Filed: | November 30, 2001 | Examiner: | E.M. COLE |
| For: | CLEANING SHEET | | |

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

December 29, 2005

Sir:

In response to the Examiner's Office Action dated September 29, 2005, applicants respectfully submit the following amendments and remarks in connection with the above-identified application.

No claims are amended.